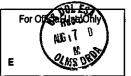
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U - 8975

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

4 Name, file number, and address of labor organization

Name George	Galıs	Name	International	l Union of	Painters & Allied T	rade
		Labor O	rganization File Nui	mber 000-0	35	
PO Box, Bidg , Room No ,	ıf any	PO Bo	x, Building and Roc	om Number, if ar	ny	
Street 1750 New York	c Avenue, N W	Street	1750 New York	. Avenue, N	ı w	
City Washington		City	Washington			
State District of C	olumbia ZIP Code + 4 20006-5301	State	District of (Columbia	ZIP Code + 4 20006-5	301
5 Position in labor organizati	General Secretary-Treasurer					
Enter appropriate data be	low If, during the past fiscal year, you or your spo (except as specified in the exclu	use or mino usions set fo	r child directly or in rth in the instruction	directly had any is)	of the following interests	
A Held an interest in, enga monetary value from an e	aged in transactions (including loans) with, or mployer whose employees your organization.	derived inc	ome or other ecorents or is actively	nomic benefit o seeking to rep	of resent	
6 Name and address of Employer (including trade name, if any)		7 a Natur	e of Interest, Transa	action, or Income	9	
Name						
Trade Name, if any						
PO Box, Bldg , Room No ,	ıf any					
		7 b Amou	int			
Street						
City						
State	ZIP Code + 4					
	Sign	nature		<u>-</u> ·		
submitted in this report (inc	ntion The undersigned declares, under penalty of luding the information contained in any accompany od belief, true, correct, and complete (See the se	ving docume	nts), has been exan	nined by the sign	w, that all of the information natory and is, to the best of the	
Signed	ange Sales	On 🛠	1/15/2005	202 637-	0700	
			Date		Telephone Number	
Form LM-30 (2003)					Page	a 1 of 2

Name of Ferson Finding George Galls		The Number o-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Dickstein Shapiro Morin & Oshinsky LLP Trade Name, if any P O Box, Bldg, Room No, if any Street 2101 L Street, N W City Washington State District of Columbia ZIP Code + 4 20037	9 Business deals with X a Labor Organiza b Trust c Employer	tion		
	44 o Notice of access of			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 a Nature of such deals Business provides organization 11 b Approximate dollar value 12 a Nature of interest hele Christmas Gift - B	legal services to	\$247,276	
	12 b Amount		\$90]	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant ?	14 0 Autount of payment	[

Name of Person Filing George Galis	File Number 0-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name Amalgamated Bank of New York	X a Labor Organiza	ntion		
Trade Name, if any	b Trust	34011		
P O Box, Bldg , Room No , if any	c Employer			
Street 11-15 Union Square				
City 'New York				
State New York ZIP Code + 4 10003				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing		
Name	Business provides organization	banking services to labor		
Trade Name, if any			1	
PO Box, Bidg , Room No , if any	1 4 1			
Street				
City	11 b Approximate dollar val		\$3,228	
	12 a Nature of interest he	nal Entertainment 4 X \$240		
State ZIP Code + 4		Gift - Blanket \$38 22	t 1	
	12 b Amount		\$998	
	120 Amount		47701	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Emptoyer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bidg , Room No , if any				
Street			; 	
City				
State ZIP Code + 4	1			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing George Galis	Fite Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name Novak/Francella Trade Name, if any P O Box, Bidg, Room No, if any Suite 501 Street Two Bala Plaza City Bala Cynwyd State Pennsylvania ZiP Code + 4 19004	a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name, if any P O Box, Bidg , Room No , if any	Business provides accounting services to labor organization			
Street	11 b Approximate dollar value of such dealing \$95,777			
City	12 a Nature of interest held or income received.			
State ZIP Code + 4	8/4/04, meal, \$36 44 12/13/04, meal, \$81.48			
	12 b Amount \$118			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing George Galis	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (Including trade name, if any) Name Spear, Wilderman, et al Trade Name, if any P O Box, Bldg, Room No, if any Suite 1400 Street 230 South Broad Street City Philadelphia State Pennsylvania ZIP Code + 4 19102	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any	11 a Nature of such dealing Business provides legal services torganization.	o labor		
City State ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 2/7/04, dinner, \$132.84	\$21,431		
	12 b Amount	\$133		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing George Galis	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (Including trade name, if any) Name Union Privilege Trade Name, if any PO Box, Bldg, Room No, if any Suite 300 Street 1125 15th Street, N W City Washington State District of Columbia ZIP Code+4 20005	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street	11 a Nature of such dealing Business provides membership services to labor organization			
City ZIP Code + 4	11 b Approximate dollar value of such dealing \$0 12 a Nature of Interest held or Income received 11/18/04, lunch, \$41.49			
	12 b Amount \$41			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b ts the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing George Galis	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name The McLaughlin Company Trade Name, if any P O Box, Bidg, Room No, if any Street 1725 DeSales Street, N W City Washington State District of Columbia ZiP Code + 4 20036	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any	11 a Nature of such dealing Business provides insurance brokerage services to labor organization			
Street City ZIP Code + 4	11 b Approximate dollar value of such dealing \$250,186. 12 a Nature of interest held or income received 1/8/04, lunch, \$67 96 4/21/04, dinner, \$77 31 7/14/04, lunch, \$36 52 12/04, gift (poinsettia), \$58			
	12 b Amount \$240			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any	14 a Nature of payment			
P O Box, Bldg , Room No , if any Street City				
State ZIP Code + 4	14 b Amount of payment			
13 b is the Business an Employer or Consultant ?	14 0 Amount of payment			

Name of Person Filing George Galis	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Kelly Press, Inc. Trade Name, if any P O Box, Bidg, Room No, if any Street 1701 Cabin Branch Drive City Cheverly State Maryland ZiP Code +4 20785	9 Business deals with A Labor Organization B Trust C Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any	11 a Nature of such dealing Business provides printing services and materials to labor organization In 2004, provided convention services			
P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing \$1,570,879 12 a Nature of interest held or income received 1/14/04, lunch, \$128 30 3/28/04, dinner, \$33 92 6/5/04, dinner, \$40 06 10/8/04, dinner, \$52 03 11/25/04, gift(turkey), \$33.50			
	12/25/04, gift(turkey), \$33.50 12 b Amount \$320			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			

Name of Person Filing George Galls	Fde Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Jennings Sigmond Trade Name, if any PO Box, Bldg, Room No, if any 16th Floor Street 510 Walnut Street	9 Business deals with a Labor Organization Trust c Employer			
City Philadelphia State Pennsylvania ZIP Code + 4 19106-3683				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name IUPAT Industry Pension Fund	Business provides legal services to affiliated pension fund			
Trade Name, if any	Filer is a trustee			
P O Box, Bldg , Room No , if any	· · · · · · · · · · · · · · · · · · ·			
Street 1750 New York Avenue, N W	11 b Approximate dollar value of such dealing \$450,449			
City Washington	12 a Nature of interest held or income received Christmas Present - Sweets Basket			
State District of Columbia ZIP Code + 4 20006				
	12 b Amount \$200			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street	1			
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Fluing George Galis		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund	X; a Labor Organizati	ion		
Trade Name, if any	b Trust			
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W	·			
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealir	ng		
Name	Affiliated Pension costs.	Fund - dealing consists of sh	ared	
Trade Name, if any	Filer is a trustee with expenses incur	All payments are in connect	ion	
P O Box, Bldg , Room No , if any			1	
Street	11 b Approximate dollar value	e of such dealing \$839	,191	
City	12 a Nature of interest held	or income received		
State ZIP Code + 4	1/21/04, meal, \$48 11/30/04, meal, \$93			
	2/4/04, meal, \$88 5	57		
	3/28/04, meal, \$95 5/13/04, meal, \$138	84 3 97		
	6/30/04, meal, \$55	05		
	9/11/04, meal, \$101	7 21	,	
	401 4			
	12 b Amount	L. v.	\$6281	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any	1			
P O Box, Bldg , Room No , if any	1			
Street	1			
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing George Galis	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund Trade Name, if any	X a Labor Organiza	atron		
P O Box, Bldg , Room No , if any	b Trust			
Street 1750 New York Avenue, N W.	C Employer			
City Washington State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	rund - dealing consists of shared		
Name	costs	. Tank douring complete of bharda		
Trade Name, if any		e. All payments are in connection urred on behalf of the fund		
P O Box, Bldg , Room No , if any				
Street	11 b Approximate dollar val	ue of such dealing \$839,191		
City	12 a Nature of interest hel	ld or income received		
State ZIP Code + 4	10/13/04, meal, \$5 11/3/04, meal, \$21 1/26/04, meal, \$22	13.75		
	12 b Amount	\$492		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any	1			
P O Box, Bldg , Room No , if any	1			
Street	1			
City				
State ZiP Code + 4	1			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing George Galis	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund	General			
Trade Name, if any	a Labor Organization b Trust			
PO Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N.W				
City Washington				
State District of Columbia ZIP Code + 4,20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Affiliated Pension Fund - dealing consists of shared costs.			
Trade Name, if any	Filer is a trustee All payments are in connection			
P O Box, Bldg , Room No , if any	with expenses incurred on behalf of the fund			
Street	11 b Approximate dollar value of such dealing \$839,1911			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	Paid directly to hotel(s) for meals 1/25/04, meal, \$28 47 1/27/04, meal, \$167 17 9/13/04, meal, \$71 34			
	12 b Amount \$267			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any	† ‡			
P O Box, Bldg , Room No , af any				
Street	1			
City				
State ZIP Code + 4				
42 h le the Disease of Empty.	14 b Amount of payment			
13 b is the Business an Employer or Consultant ?				

Name of Person Filing George Galıs		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any PO Box, Bldg , Room No , if any	9 Business deals with A Labor Organiza b Trust	ation	
Street 1750 New York Avenue, N W City Washington State 'District of Columbia ZIP Code+4 20006	c Employer		_
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any	Affiliated Pension costs. Filer is a trustee with expenses incu	Fund - dealing o	are in connection ,
Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing \$839,191 12 a Nature of interest held or income received Paid directly to hotel (s) for lodging 1/25-1/30, 6 nights, \$2830 50 5/10-5/14, 5 nights, \$802 70 9/12-9/14, 3 nights, \$511 50		
	12 b Amount		\$4,145
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name Trade Name, if any	,		
P O Box, Bldg , Room No , if any			
Street	,		
State ZiP Code + 4	;		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		1

Name of Person Filing George Galis		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name Harbaugh Hotel Management Company		utton	
Trade Name, if any	a Labor Organiza	ition	
P O Box, Bldg , Room No , if any	c Employer		
Street 1600 North Indian Canyon Drive			
City Palm Springs			
State California ZIP Code + 4 92262			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing	
Name IUPAT Industry Pension Fund	Business provides pension fund	hotel services to affiliated	
Trade Name, if any		1	
P O Box, Bldg , Room No , if any			
Street 1750 New York Avenue, N W	11 b Approximate dollar vali	ue of such dealing \$4,432	
City Washington	12 a Nature of interest hel		
State District of Columbia ZIP Code + 4 20006	5/10/04, hospitali	ty comp refreshments, \$56	
	Filer is a trustee		
	[]		
	12 b Amount	\$56	
C Received from any employer (other than an employer covered unde	at parts A and P about)		
or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name ,	1		
Trade Name, if any			
P O Box, Bldg , Room No , if any	1		
Street		i i	
City	,		
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing George Galls		File Number U-	<u>.</u>
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N.W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organiza b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ng	
Name	Affiliated apprent shared costs 11 b Approximate dollar value 12 a Nature of interest hele 12/5/04, meal, \$35	ue of such dealing	ealing consists of
	2/5/04, meal, \$238 2/6/04, meal, \$3? 2/6/04, meal, \$31 2/7/04, meal, \$28 2/7/04, meal, \$41 2/7/04, meal, \$58	42 58 73 20	\$466,
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name , Trade Name, if any P O Box, Bldg , Room No , if any Street	14 a Nature of payment		
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		

Name of Person Filing George Galis		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name IUPAT Joint Apprenticeship Training Fund			
Trade Name, if any	a Labor Organiza	ation	
P O Box, Bldg , Room No , if any	c Employer		
Street 1750 New York Avenue, N W			
City Washington			
State District of Columbia ZIP Code + 4 20006			
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing	
Name '	Affiliated apprent shared costs	ciceship fund - o	dealing consists of
Trade Name, if any			
P O Box, Bldg , Room No , if any	<u> </u>		
Street	11 b Approximate dollar vali	ue of euch dealing	\$271,319
City	12 a Nature of interest hel		\$271,319
State ZIP Code + 4	4/26/04, meal, \$36 6/24/04, meal, \$67	36	
	12 b Amount		\$104
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name	1		
Trade Name, if any			
P O Box, Bidg , Room No , if any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

		· _ ·	
Name of Person Filing George Galis		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bidg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZiP Code + 4 20006 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any	of shared costs		
P O Box, Bldg , Room No , if any		arred on behalf of the fund	
Street	11 b Approximate dollar vali	ue of such dealing \$226,441	
City	12 a Nature of interest hel		
State ZIP Code + 4	2/1-4/04, hotel, \$ 2/1/04, meal, \$171 2/2/04, meal, \$41 2/3/04, meal, \$35 6/23/04, meal, \$87 7/10/04, meal, \$16	1.68 22 01 7 53	
	12 b Amount	\$1,925	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing George Galis	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bldg , Room No , if any Street 1750 New York Avenue, N W. City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	-	
Name Trade Name, if any PO Box, Bldg , Room No , if any	Affiliated labor management fund - of shared costs Filer is a trustee All payments a with expenses incurred on behalf o	re in connection	
Street	11 b Approximate dollar value of such dealing	\$226,441	
State ZIP Code + 4	12 a Nature of interest held or income received 5/13/04, meal, \$119 75 9/10/04, meal, \$51 90 9/10-11/04, hotel, \$446 43 12/17/04, Christmas Gift, \$61 95	7220,441	
	12 b Amount	\$680	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City	or parts A and B above) or other thing of value 14 a Nature of payment		
· · · · · · · · · · · · · · · · · · ·			
State ZIP Code + 4	1		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.